

CALIFORNIA
HEALTHCARE
FOUNDATION

SNAPSHOT

Medi-Cal at a Crossroads: What Enrollees Say About the Program

May 2012

Introduction

Medi-Cal, which currently provides health and long term care coverage for more than 7.5 million Californians, is undergoing fundamental changes. State officials are both implementing a second major expansion of Medi-Cal managed care and reshaping the program by eliminating or reducing coverage for many benefits. Lawmakers have also enacted cuts in provider reimbursement. In addition, if the Affordable Care Act (ACA) is implemented as currently legislated, Medi-Cal enrollment is expected to grow dramatically as millions of Californians will be newly eligible for the program.

At this key juncture, it is timely for state lawmakers and program officials to understand the experiences of current and future beneficiaries. Understanding Medi-Cal’s strengths and challenges will provide lawmakers with a baseline against which to measure the impact of changes underway and of those to come.

Medi-Cal at a Crossroads: What Enrollees Say About the Program presents findings from a survey of Medi-Cal enrollees and a statewide survey of California adults, including those who will be eligible for Medi-Cal in 2014 under the ACA.

KEY SURVEY HIGHLIGHTS INCLUDE:

- Most enrollees view Medi-Cal positively (90%), believe it covers the care people need (78%), and feel it provides access to high quality care (69%).
- The enrollment process — occurring at a county office for most enrollees — is generally a positive experience for survey respondents. While most enrollees say they prefer in-person methods of enrollment (61%), few are aware of the option to enroll online (21%).
- Most enrollees say it is easy to find a primary care physician nearby who accepts Medi-Cal (79%), but a sizable percentage of adult enrollees who needed to see a specialist say it is difficult to get specialist appointments for themselves (42%) or, among parents of enrollees, for their children (25%).
- Spanish-speaking Latinos are more likely to report positive experiences with the program than other groups, while the opposite is true for enrollees with disabilities and enrollees in fair or poor health.
- Many of those who will be eligible for Medi-Cal under the ACA have a favorable impression of the program but do not know or are not sure how to apply for Medi-Cal and doubt that enrolling will be an easy process.

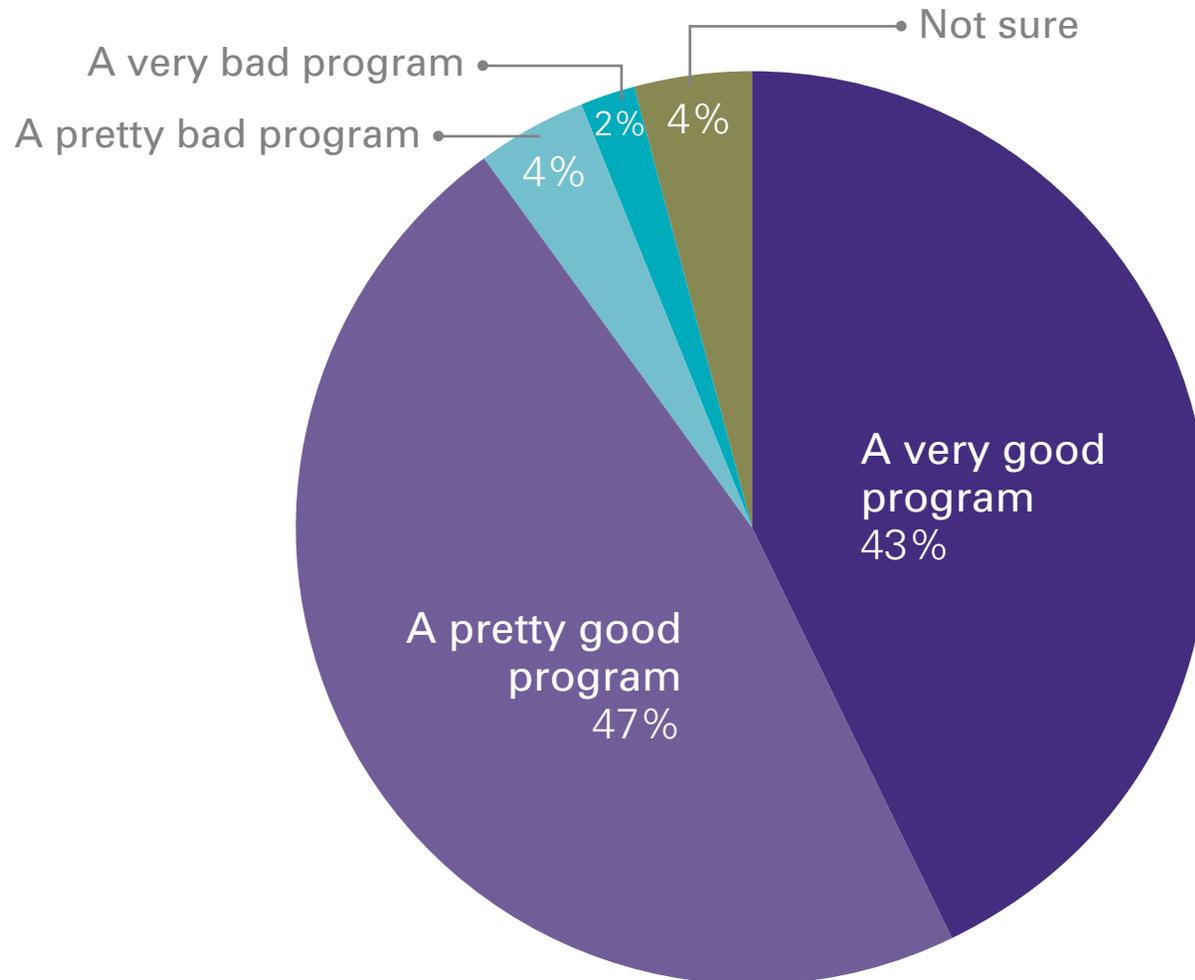
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Overall Perceptions of Medi-Cal

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

In your opinion, is Medi-Cal...



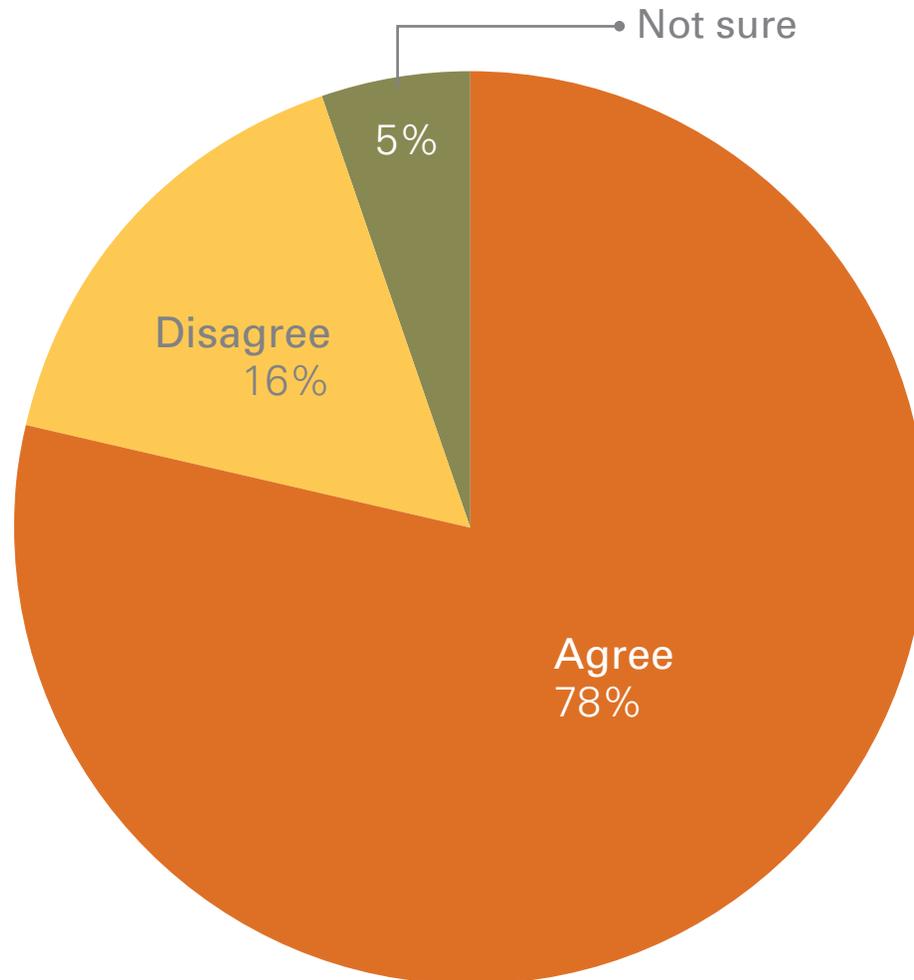
The majority of Medi-Cal enrollees surveyed (90%) have positive perceptions of the program. Forty-three percent say it is “very good,” and 47% say it is “pretty good.”

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Perceptions of Medi-Cal Coverage

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Do you agree or disagree that Medi-Cal covers most of the medical care people need?



Despite recent cuts to the benefits covered under Medi-Cal, the majority of enrollees surveyed (78%) feel that Medi-Cal covers most of the care people need.

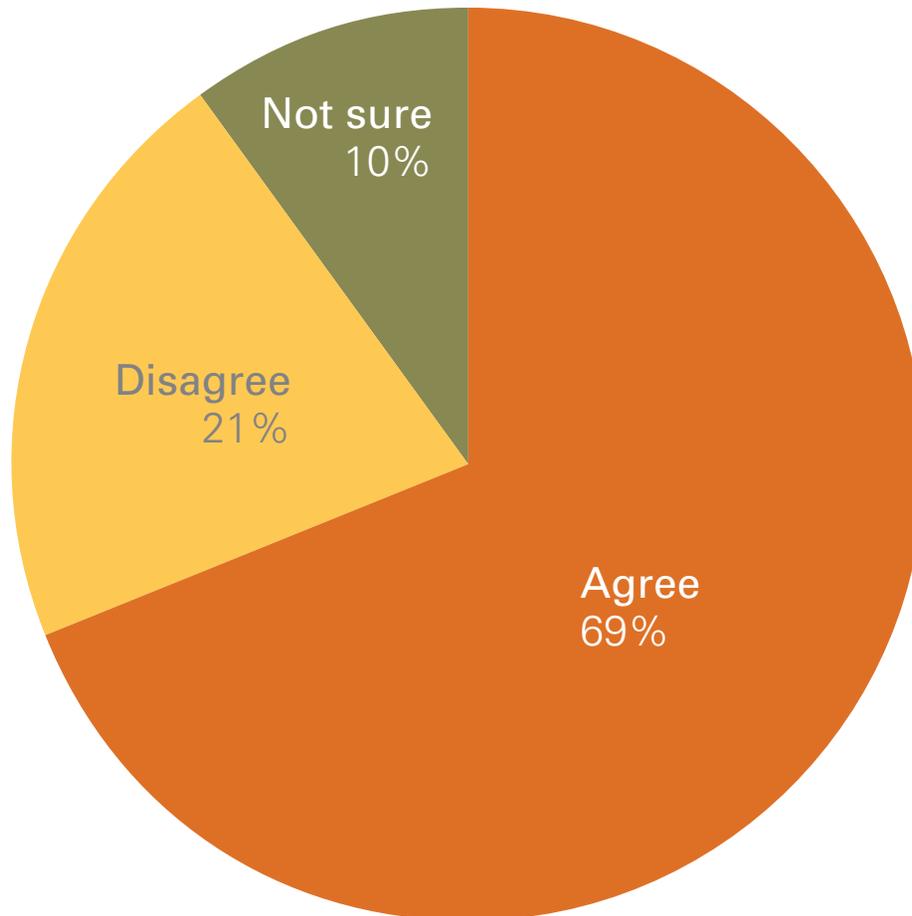
Note: Segments don't add to 100% due to rounding.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Perceptions of Medi-Cal Access to Quality Care

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Do you agree or disagree that Medi-Cal provides access to high quality medical care?



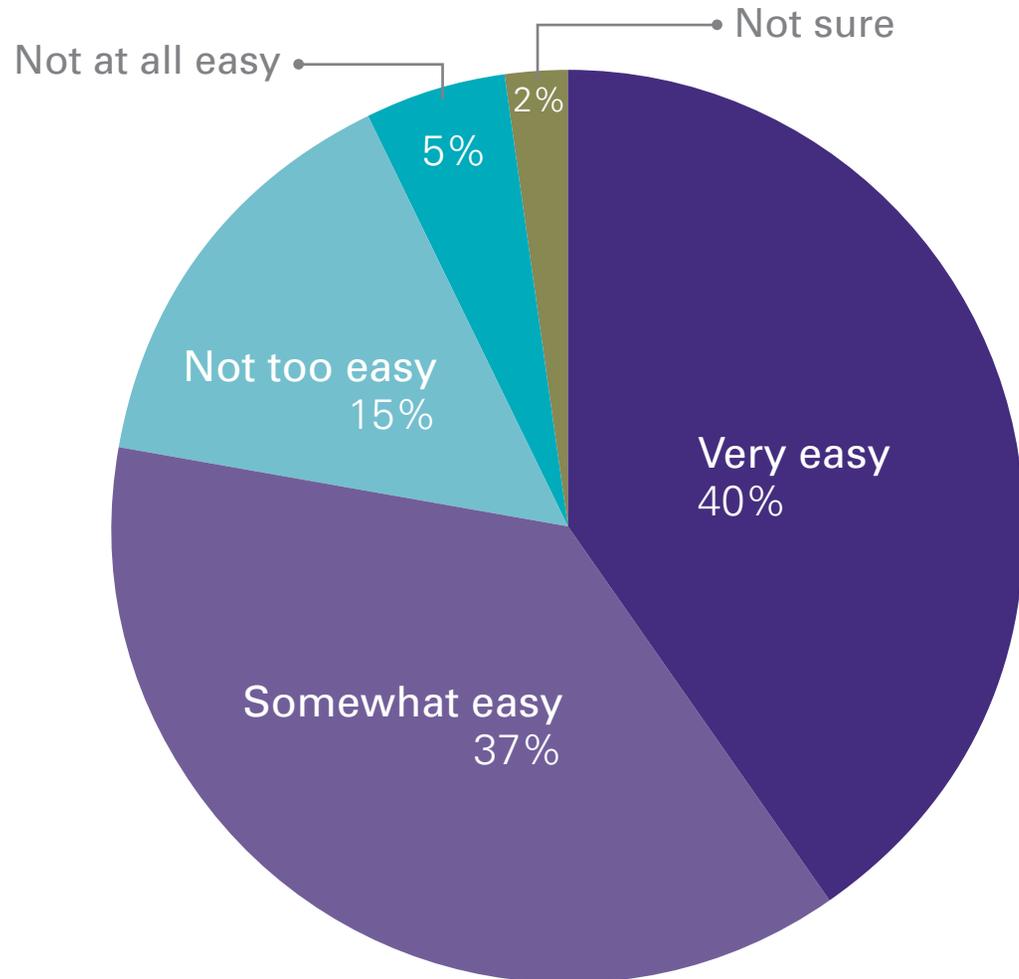
More than two-thirds (69%) of enrollees surveyed feel that Medi-Cal provides access to high quality care.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Ease of Enrollment

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

How easy was it to sign up for Medi-Cal?



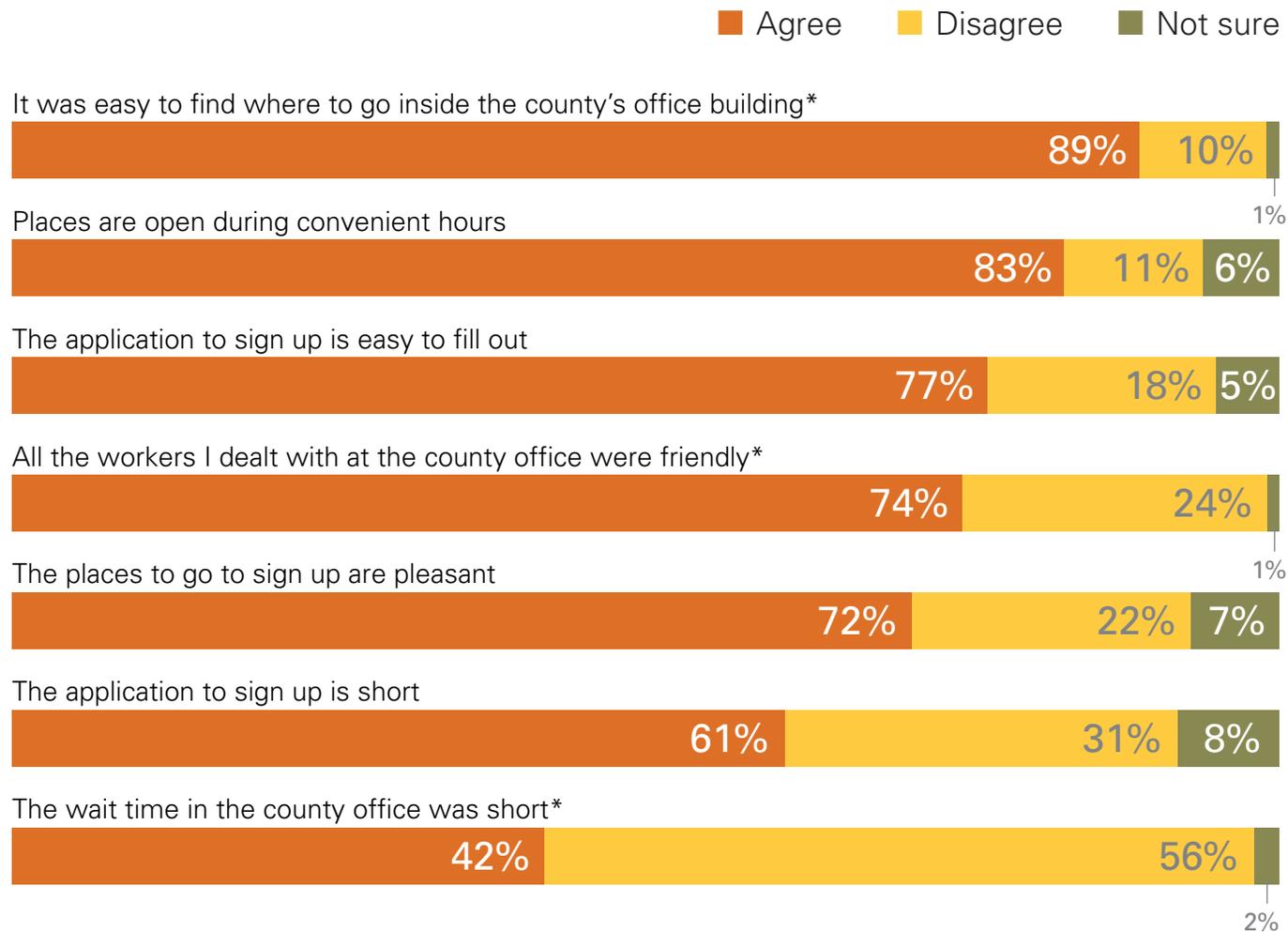
More than three-quarters of respondents (77%) say that signing up for Medi-Cal was either very or somewhat easy.

Note: Segments don't add to 100% due to rounding.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Perceptions of Enrollment Experience

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)



In general, Medi-Cal beneficiaries report positive experiences with enrollment, even though more than half of enrollees report long wait times at county offices (56%). Eighty-three percent of those who enrolled in a county office say that office hours are convenient, and 77% of all enrollees say the application was easy to fill out.

*Sample size n=799 who enrolled at a county office.

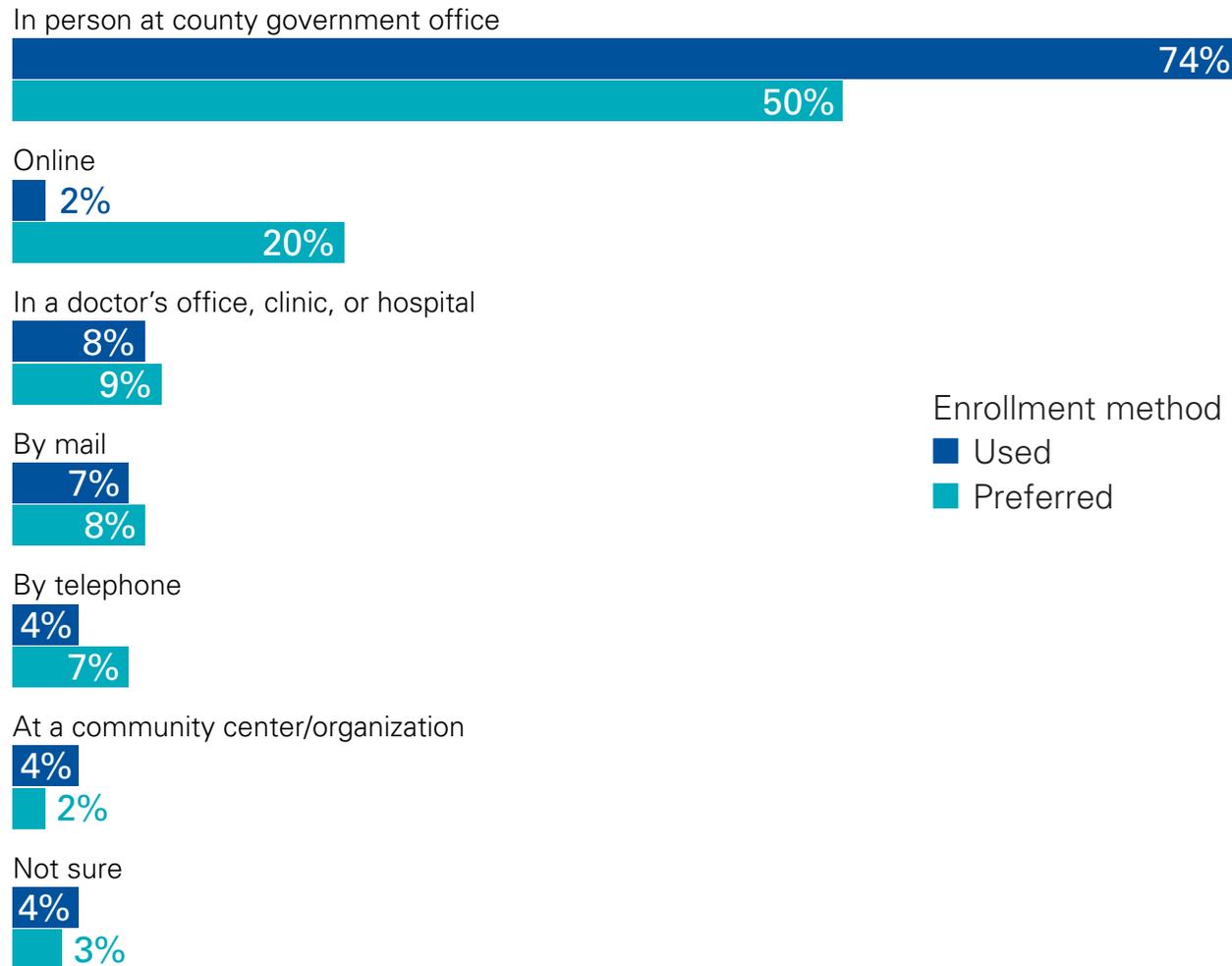
Note: Segments may not add to 100% due to rounding.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Enrollment Methods, Used vs. Preferred

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Where did you sign up for Medi-Cal? Where would you want to sign up for Medi-Cal?



Enrollment method
■ Used
■ Preferred

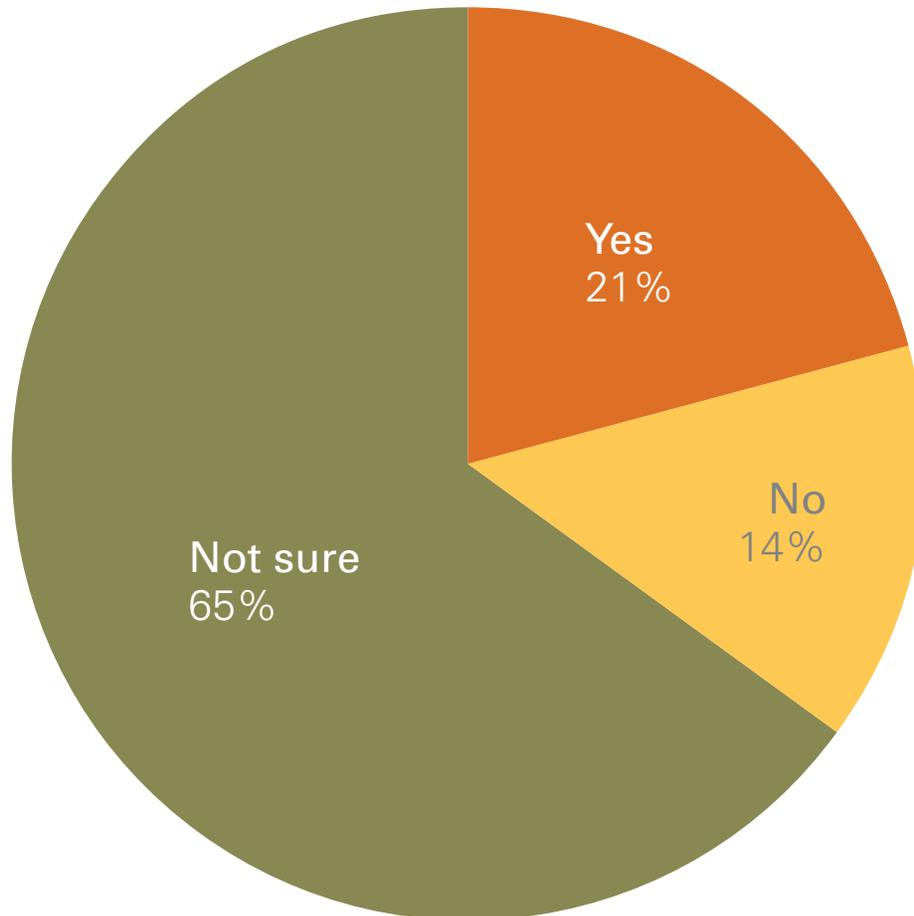
Most respondents enrolled in Medi-Cal at a county office (74%), although only half of enrollees say that they prefer that option. Nearly half of enrollees prefer alternative enrollment methods, including online, at provider offices or community centers, or by phone or mail.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Awareness of Online Enrollment

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Is it possible to sign up online?



Seventy-nine percent of Medi-Cal enrollees say they are unsure if it is possible to sign up online or say it is not possible to do so.

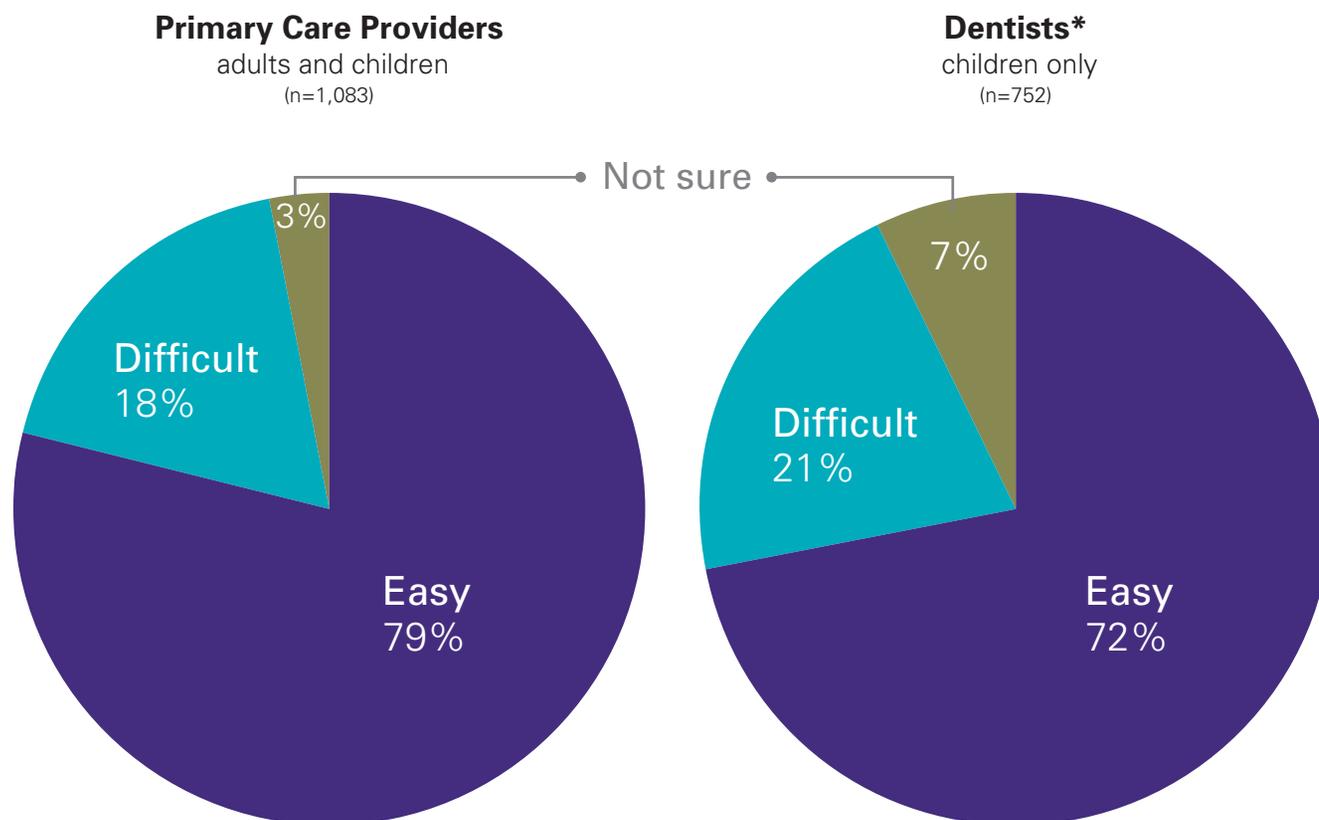
Note: Public access to Health-e-App, an online application for Healthy Families and Medi-Cal for children, became available statewide in December 2010. Online options for adults to apply for Medi-Cal vary by county.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Access to Providers Who Accept Medi-Cal

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

How easy or difficult is it to find primary care providers or dentists who accept Medi-Cal?



Despite the fact that more than 40% of California primary care providers report that they are not accepting new Medi-Cal patients, most enrollees say it has been easy to find primary care providers (79%) who accept Medi-Cal. Also, most parents say they have an easy time finding dentists for their enrolled children (72%).

*These percentages exclude adult enrollees, since Medi-Cal has very limited dental coverage for adults. Non-emergency dental care was eliminated as a covered benefit in Medi-Cal for most adults in 2009.

Sources: Andrew B. Bindman, MD, "Physician Participation in Medi-Cal, 2008," California HealthCare Foundation, July 2010. Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

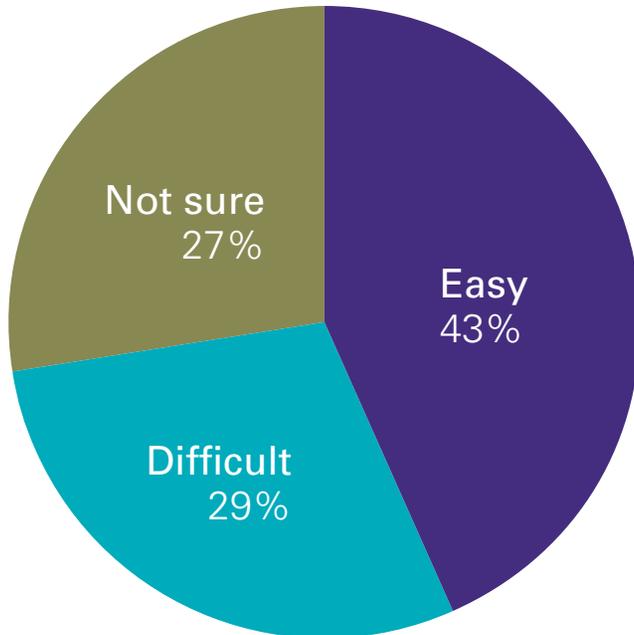
Access to Specialists Who Accept Medi-Cal

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

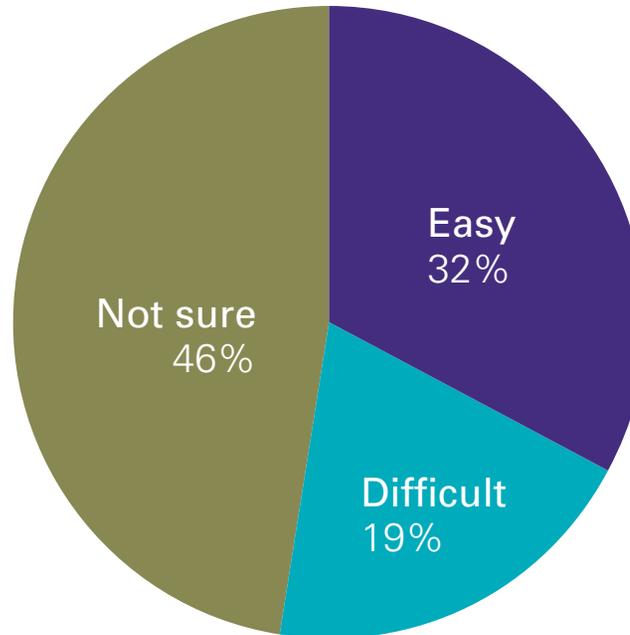
How easy or difficult is it to find specialists or mental health providers nearby who accept Medi-Cal?

Less than half of enrollees say it is easy to find specialists or mental health providers who accept Medi-Cal.

Specialists



Counselor, Therapist, or Other Mental Health Provider



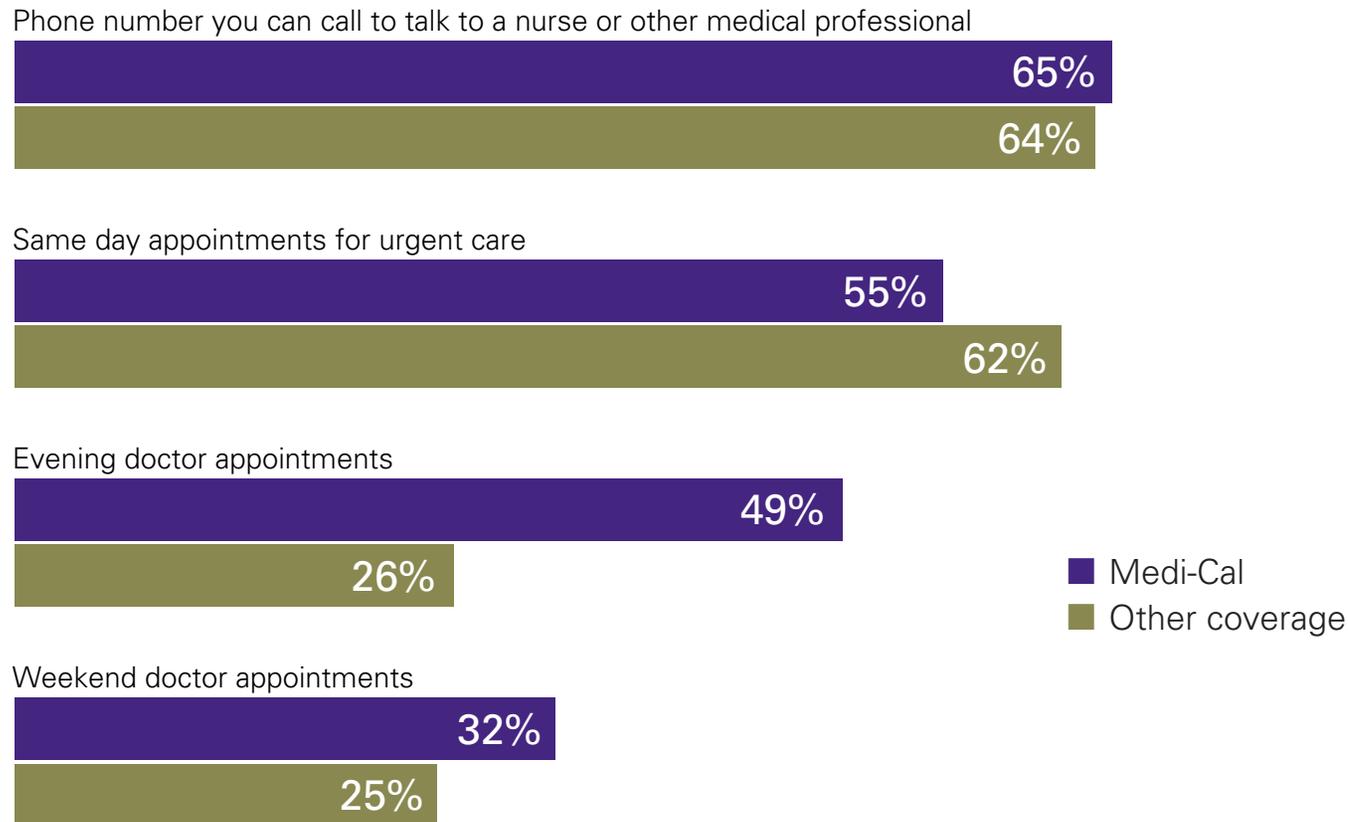
Note: Segments don't add to 100% due to rounding.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Access to Medical Professionals, Medi-Cal vs. Other Coverage*

BASE: ADULTS WITH MEDI-CAL (n=331); ADULTS WITH OTHER TYPES OF HEALTH CARE INSURANCE (n=1,020)

Percentage of covered adults saying they have access to the following...



Adults with Medi-Cal and adults with other coverage report similar access to medical professionals by phone, on weekends, and for same day urgent care appointments. However, adults with Medi-Cal are almost twice as likely as adults with other coverage to say they have access to evening appointments.

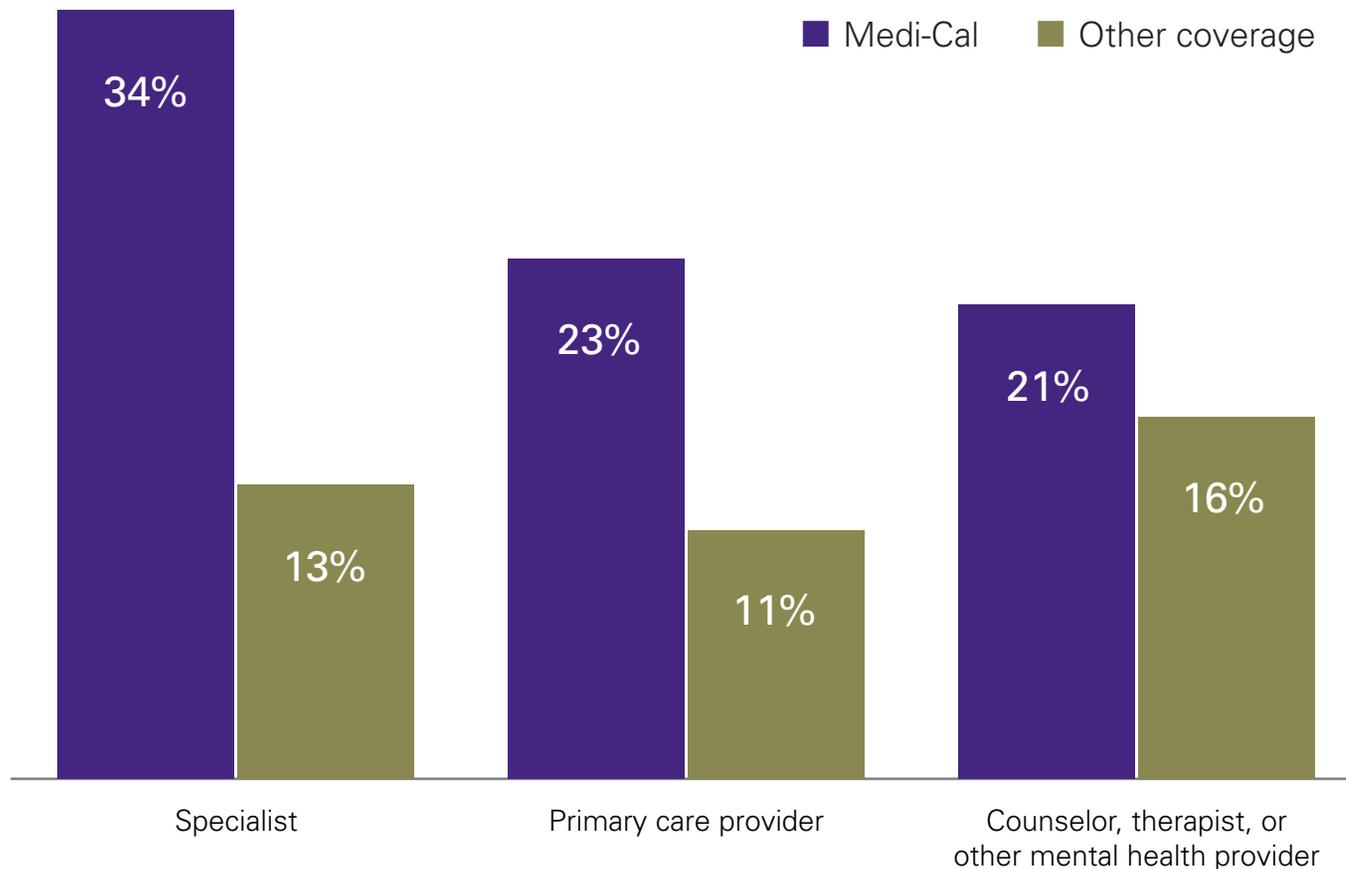
*Includes employer-purchased plans, self-purchased plans, and Medicare. Adults with other types of health care insurance includes adults of all income levels.

Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Access to Providers, by Type, Medi-Cal vs. Other Coverage*

BASE: ADULTS WITH MEDI-CAL (n=331); ADULTS WITH OTHER TYPES OF HEALTH CARE INSURANCE (n=1,020)

Percentage of covered adults saying it is difficult to find health care providers who accept their insurance



Adults with Medi-Cal report having a harder time finding health care providers who accept their insurance than adults with other types of health insurance. California has one of the lowest average Medicaid reimbursement rates for physicians of any state.

*Includes employer-purchased plans, self-purchased plans, and Medicare. Adults with other types of health care insurance includes adults of all income levels.

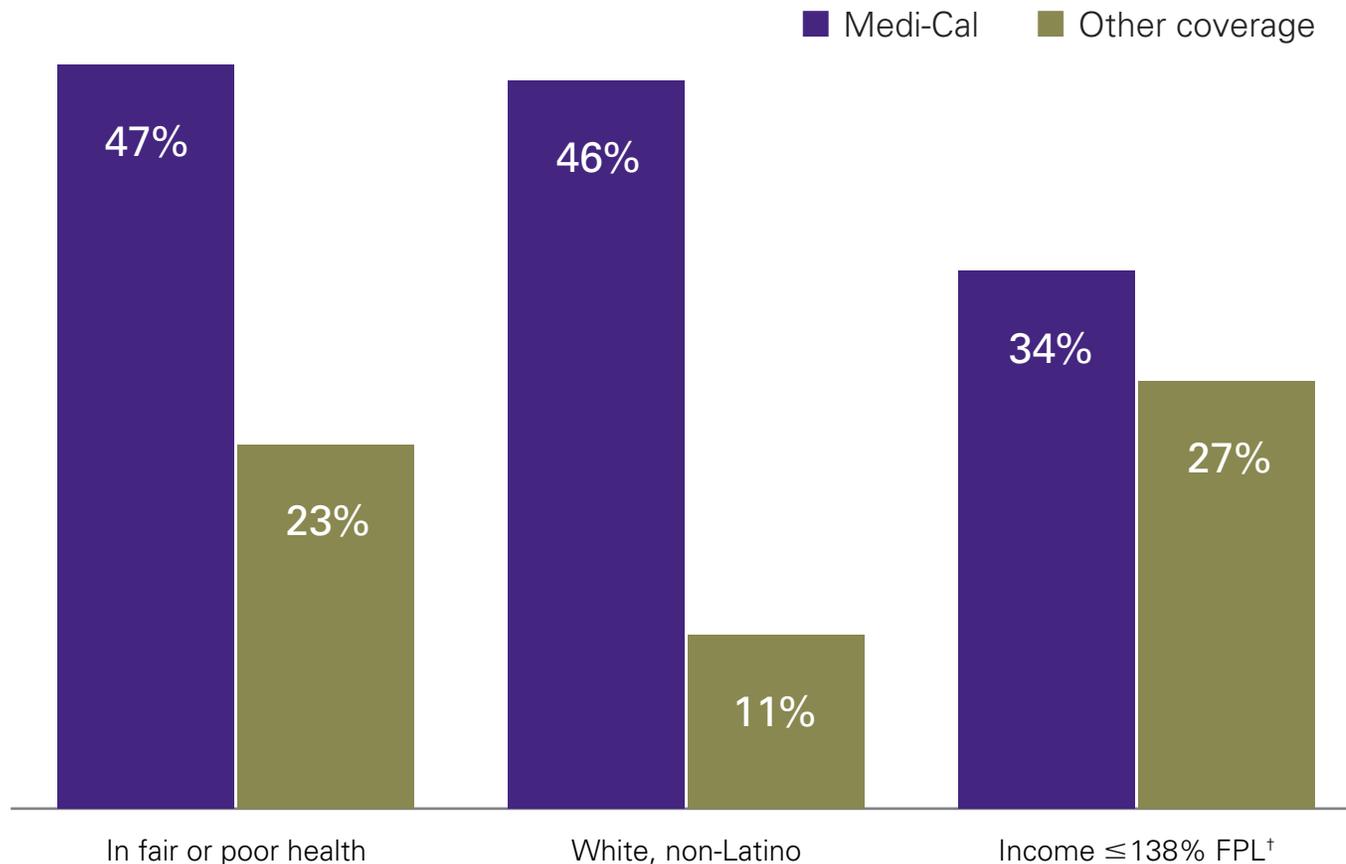
Note: Medi-Cal reimbursements average 56% of Medicare allowed charges, placing California among the lowest of all the state Medicaid programs for reimbursement rates (47th of 50). To learn more, visit www.chcf.org.

Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Access to Specialists, by Subgroups, Medi-Cal vs. Other Coverage*

BASE: ADULTS WITH MEDI-CAL (fair or poor health, n = 119; white, non-Latino, n = 71; all enrollees, n = 331); ADULTS WITH OTHER TYPES OF HEALTH CARE INSURANCE (fair or poor health, n = 105; white, non-Latino, n = 608; ≤138% FPL, n = 163).

Percentage of covered adults saying it is difficult to find specialists who accept their insurance



*Includes employer-purchased plans, self-purchased plans, and Medicare. Adults with other types of health care insurance includes adults of all income levels.

†Individuals with other coverage who have incomes at or below 138% FPL (federal poverty level) are compared with all Medi-Cal enrollees regardless of income.

Note: Sample sizes are too small to analyze by every subgroup.

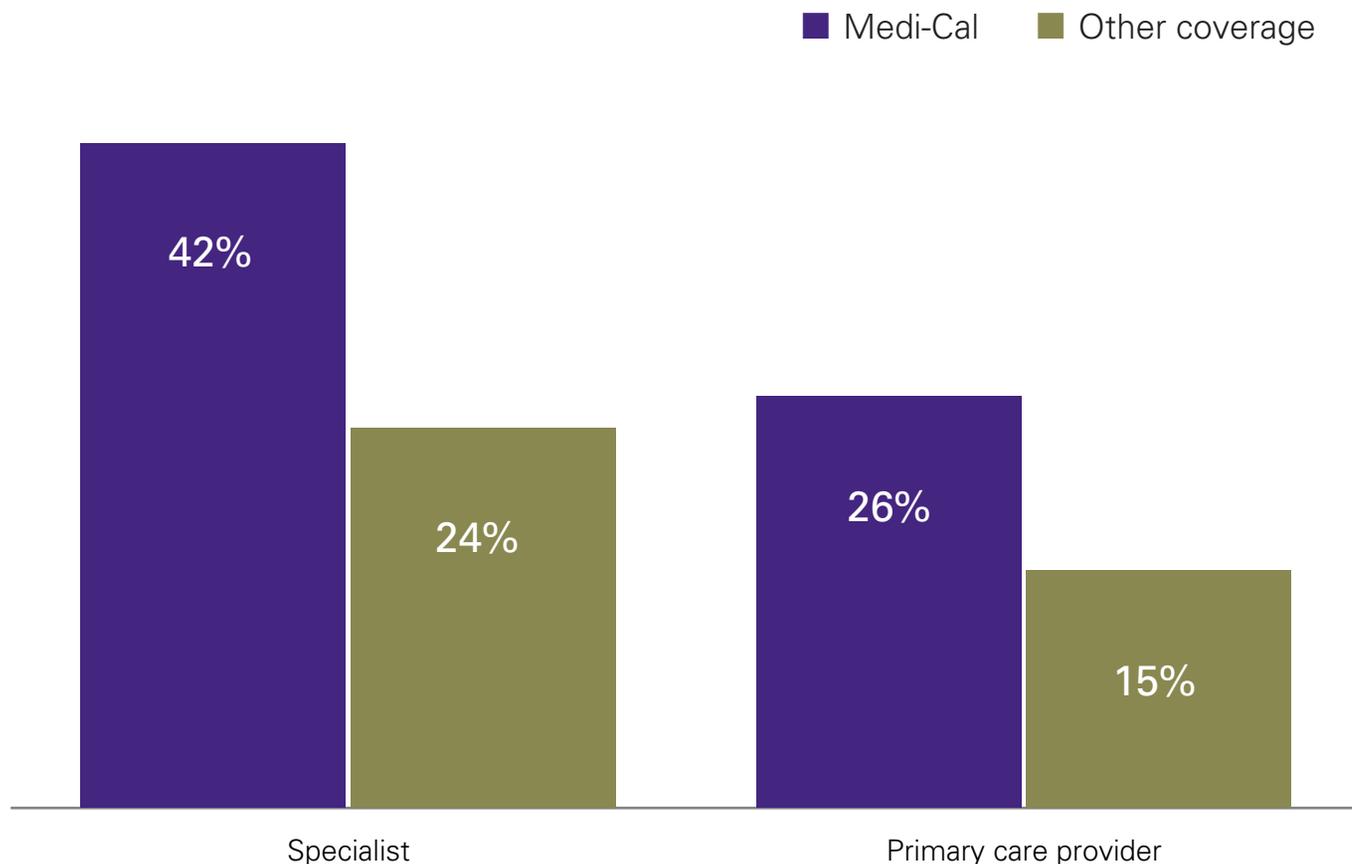
Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Adults with Medi-Cal say they have a harder time finding specialists who accept their insurance than adults with other coverage. This pattern persists when looking at subgroups of the general population.

Access to Appointments with Providers, Medi-Cal vs. Other Coverage*

BASE: ADULTS WHO NEEDED TO SEE A SPECIALIST (Medi-Cal, n=201; other, n=641) OR PCP (Medi-Cal, n=301; other, n=870)

Percentage of covered adults reporting difficulty getting an appointment with a...



A higher percentage of adults with Medi-Cal say they have trouble getting appointments with specialists and primary care providers than adults with other health coverage.

*Includes employer-purchased plans, self-purchased plans, and Medicare. Adults with other types of health care insurance includes adults of all income levels.
Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Source of Routine Care, Usual vs. Preferred

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

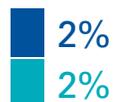
Doctor's office



Community clinic or public hospital clinic



Walk-in clinic at a store like Walmart or Rite Aid



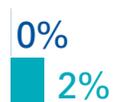
ER



Somewhere else



Not sure



Source of routine care

- Usual
- Preferred

In general, enrollees say they are getting care in their preferred location. Most say they prefer to receive routine care in a doctor's office (77%), and 69% say that is where they receive it.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Delayed Care Due to Cost

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

*Percentage of enrollees who have delayed care in the past 12 months due to cost**

Any of the following types of medical care



Care for specific medical problem



Recommended test, treatment, or follow-up care



Filling a prescription



Mental health services, such as counseling



*Respondents could answer "yes" to all that applied.

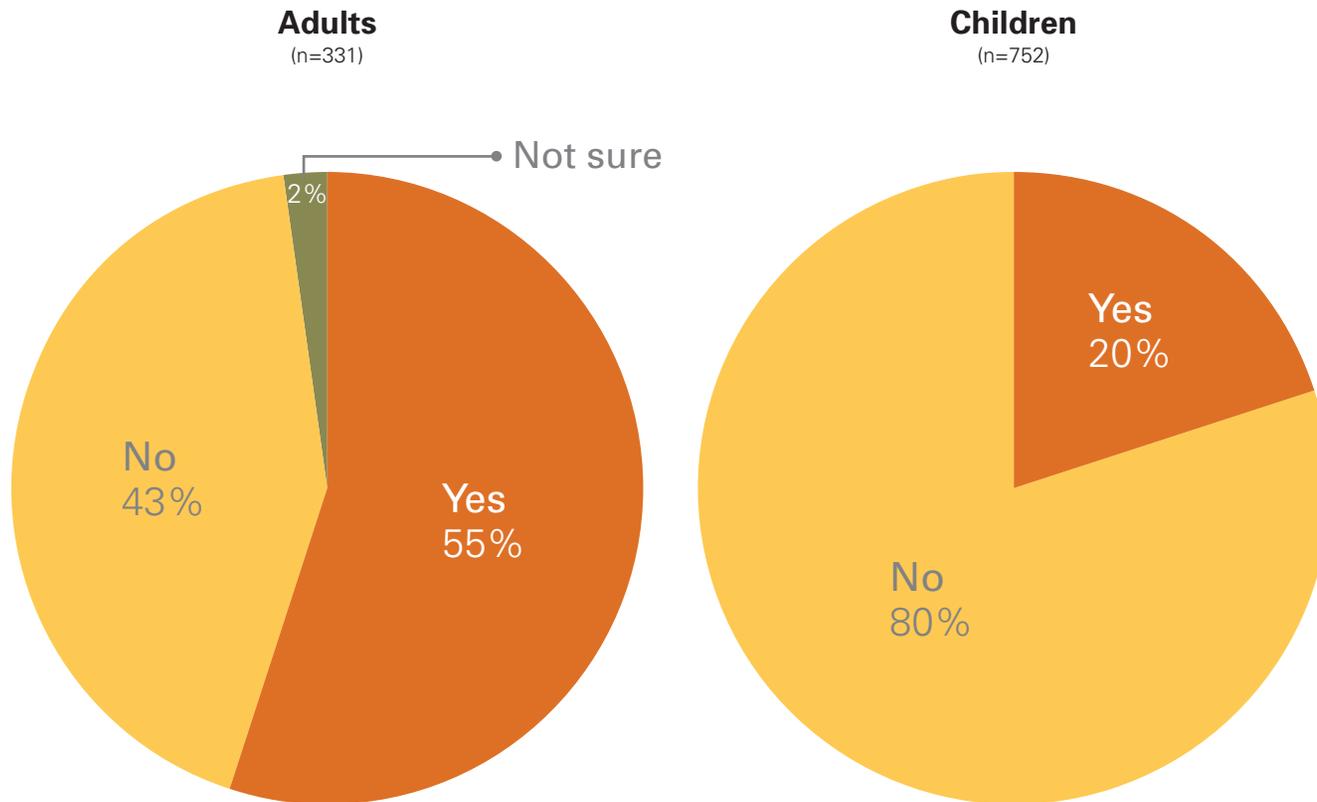
Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Although services for Medi-Cal enrollees typically have very low or no copays, nearly one-third of enrollees say they delayed medical care (excluding dental) in the past year due to cost.

Delayed Dental Care Due to Cost, Adults vs. Children

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Percentage of enrollees who have delayed dental care in the past 12 months due to cost



More than half of adult enrollees say they delayed dental care in the past year due to cost. Twenty percent of parents say they delayed dental care for their enrolled children in the past year due to cost.

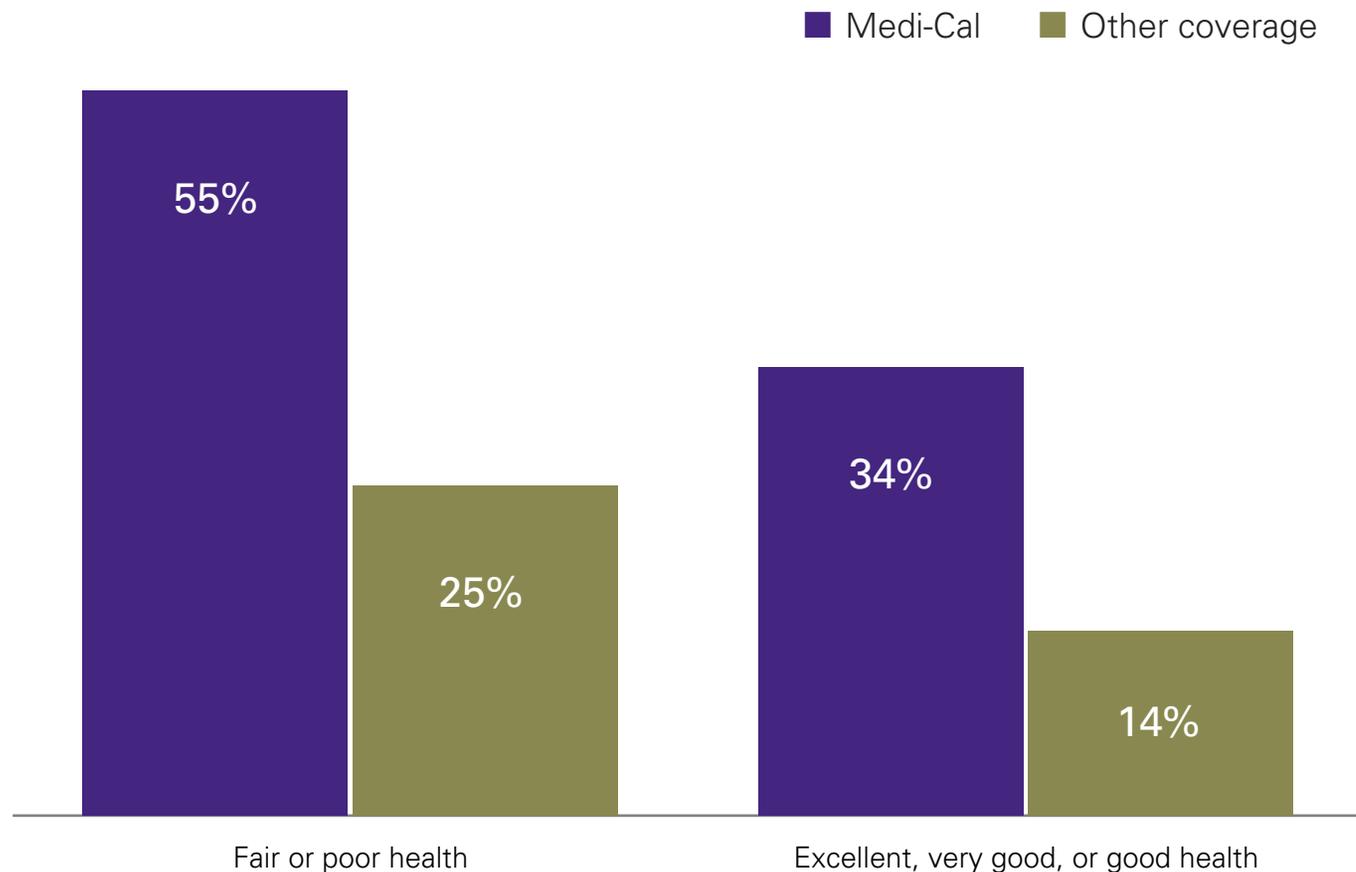
Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Note: While Medi-Cal provides coverage for dental care for children, non-emergency dental care was eliminated as a covered benefit in Medi-Cal for most adults in 2009. An issue brief titled, "Eliminating Adult Dental Benefits from Medi-Cal: An Analysis of Impact," can be found at www.chcf.org.

Emergency Room Visits, by Health Status, Medi-Cal vs. Other Coverage*

BASE: ADULTS WITH MEDI-CAL (n=331); ADULTS WITH OTHER TYPES OF HEALTH CARE INSURANCE (n=1,020)

Percentage of covered adults who have visited the emergency room in the past 12 months



Whether in good or poor health, adults with Medi-Cal are more than twice as likely to say they have visited the emergency room in the past year than adults with other types of coverage.

*Includes employer-purchased plans, self-purchased plans, and Medicare. Adults with other types of health care insurance includes adults of all income levels.
Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Access to Providers Who Accept Medi-Cal and Usual Source of Care, by Race/Ethnicity

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)*

Percentage of enrollees reporting difficulty finding primary care provider who accepts Medi-Cal

Percentage reporting community clinic/public hospital is usual place for routine medical care

Latino, Spanish-speaking (n=422)

Latino, Spanish-speaking

9%

39%

Latino, English-speaking (n=214)

Latino, English-speaking

18%

18%

African American (n=101)

African American

20%

22%

White, non-Latino (n=175)

White, non-Latino

32%

18%

Asian/Pacific Islander (n=114)

Asian/Pacific Islander

14%

14%

*Not shown: Other (n=57).

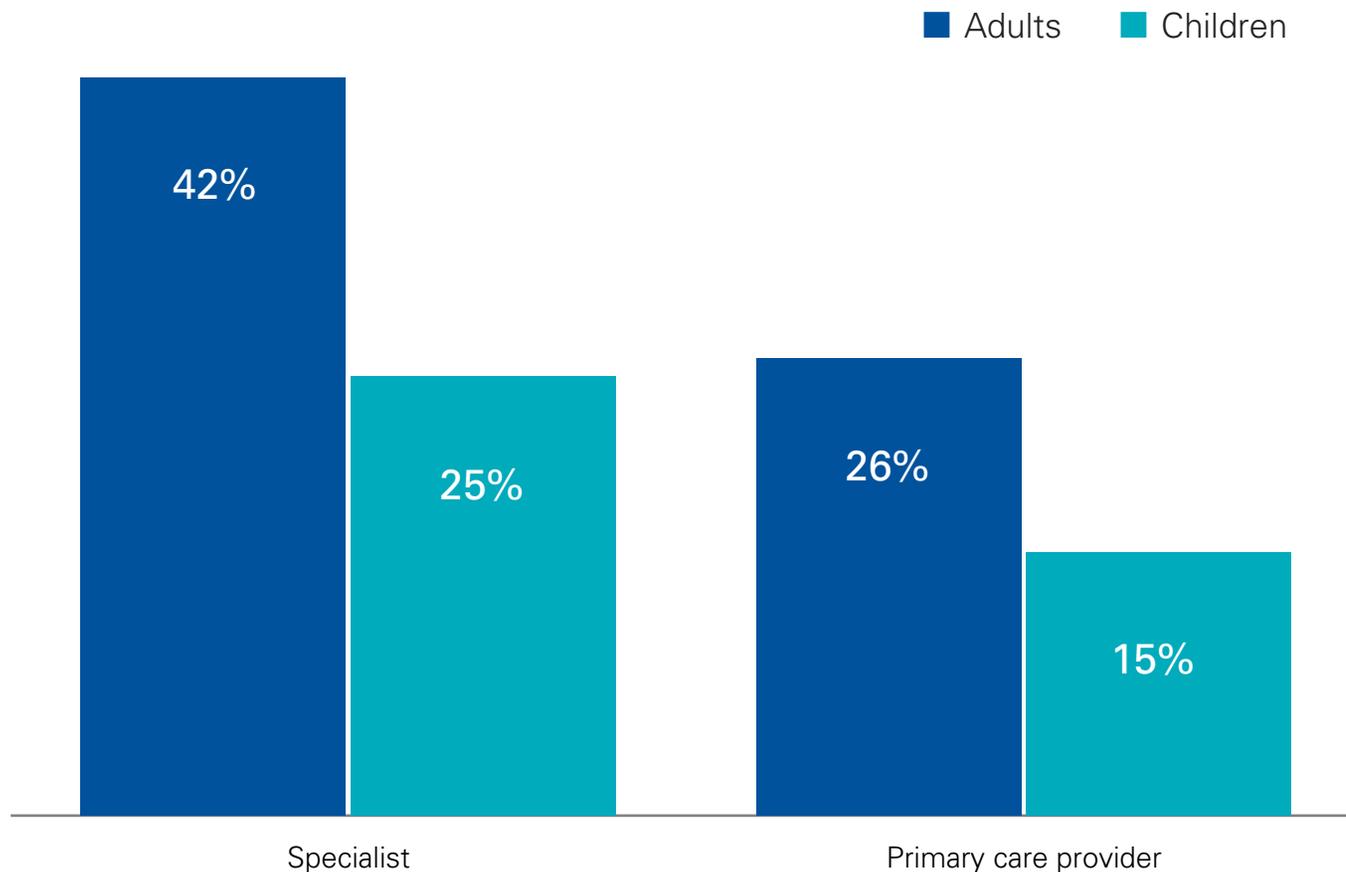
Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Latinos, particularly Spanish speakers, are among the least likely to report difficulties with Medi-Cal. For example, a lower percentage of this group (9%) report problems finding a physician nearby who accepts Medi-Cal than other groups. They are also more likely to say they get routine care at a community clinic or public hospital.

Access to Appointments with Providers, Adults vs. Children

BASE: MEDI-CAL ENROLLEES WHO NEEDED TO SEE A SPECIALIST (adults, n=201; children, n=431)
OR PCP (adults, n=301; children, n=701)

Percentage of enrollees reporting difficulty getting an appointment with a...



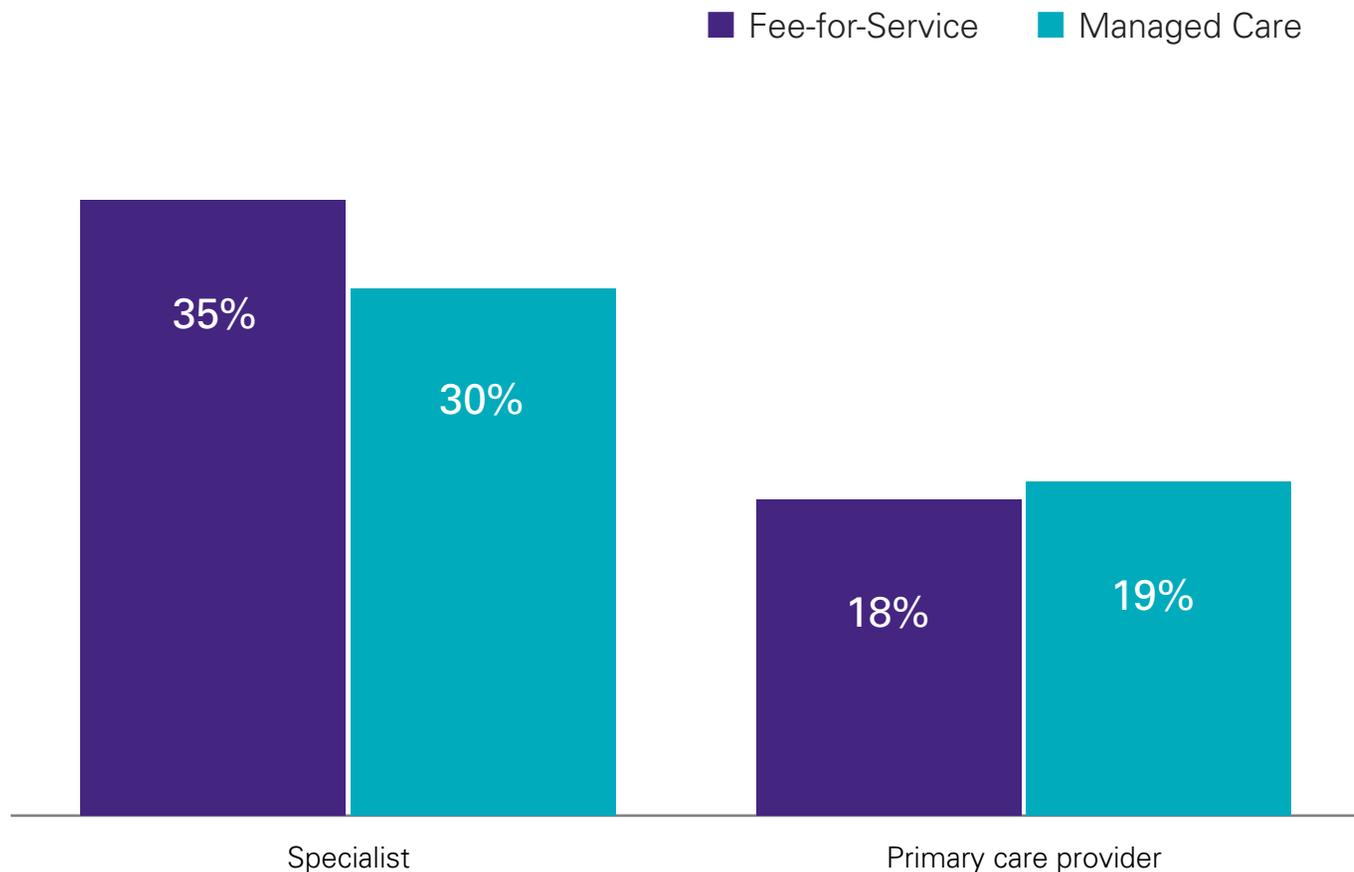
Parents of children enrolled in Medi-Cal consistently report more positive experiences for their children than adult enrollees report for themselves. For example, adult enrollees are more likely to report problems getting an appointment with primary care providers (26%) and specialists (42%) than parents of enrolled children.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Access to Appointments with Providers, Fee-for-Service vs. Managed Care Enrollees

BASE: MEDI-CAL ENROLLEES WHO NEEDED TO SEE A PCP (FFS, n=221; managed care n=781) OR
SPECIALIST (FFS, n=141; managed care n=491)

Percentage of enrollees reporting difficulty getting an appointment with a...



Note: Some of these differences may reflect variation between these two groups that could not be isolated in this study. For example, if more FFS enrollees have a disability than managed care enrollees, then the differences between the groups may be attributable to this characteristic and not the type of program.

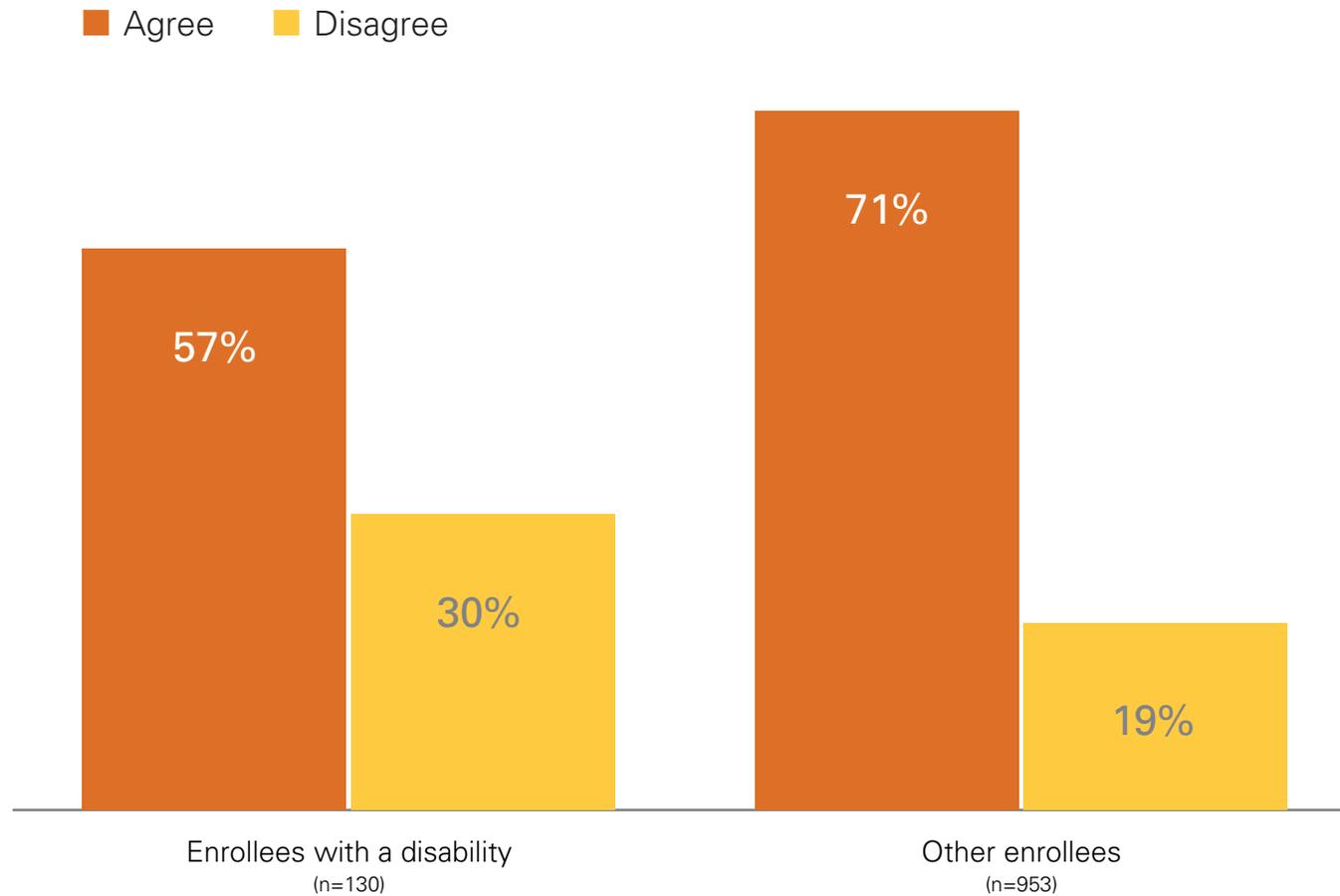
Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Generally, managed care enrollees report similar or better experiences with Medi-Cal than fee-for-service enrollees on most measures of access to care.

Perceptions of Medi-Cal Access to Quality Care, Enrollees with a Disability* vs. Others

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

Do you agree or disagree that Medi-Cal provides access to high quality care?



*Includes people in aid groups categorized by DHCS as medically needy blind, medically needy disabled, public assistance blind, and public assistance disabled.

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Enrollees with disabilities consistently report having less favorable experiences with and perceptions of Medi-Cal compared to other enrollees. For example, 30% of enrollees with a disability feel that Medi-Cal does not provide access to high quality care, while 19% of other enrollees feel the same.

Access to Specialists, by Health Status

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES WHO NEEDED TO SEE A SPECIALIST (n=632)*

Percentage of enrollees reporting difficulty getting appointment with a specialist

Fair or poor health (n=119)



Good health (n=162)



Very good health (n=162)



Excellent health (n=183)



Medi-Cal enrollees in fair or poor health consistently report more difficulties with Medi-Cal than healthier enrollees. For example, enrollees in fair or poor health are twice as likely to report having trouble getting an appointment than enrollees in excellent health.

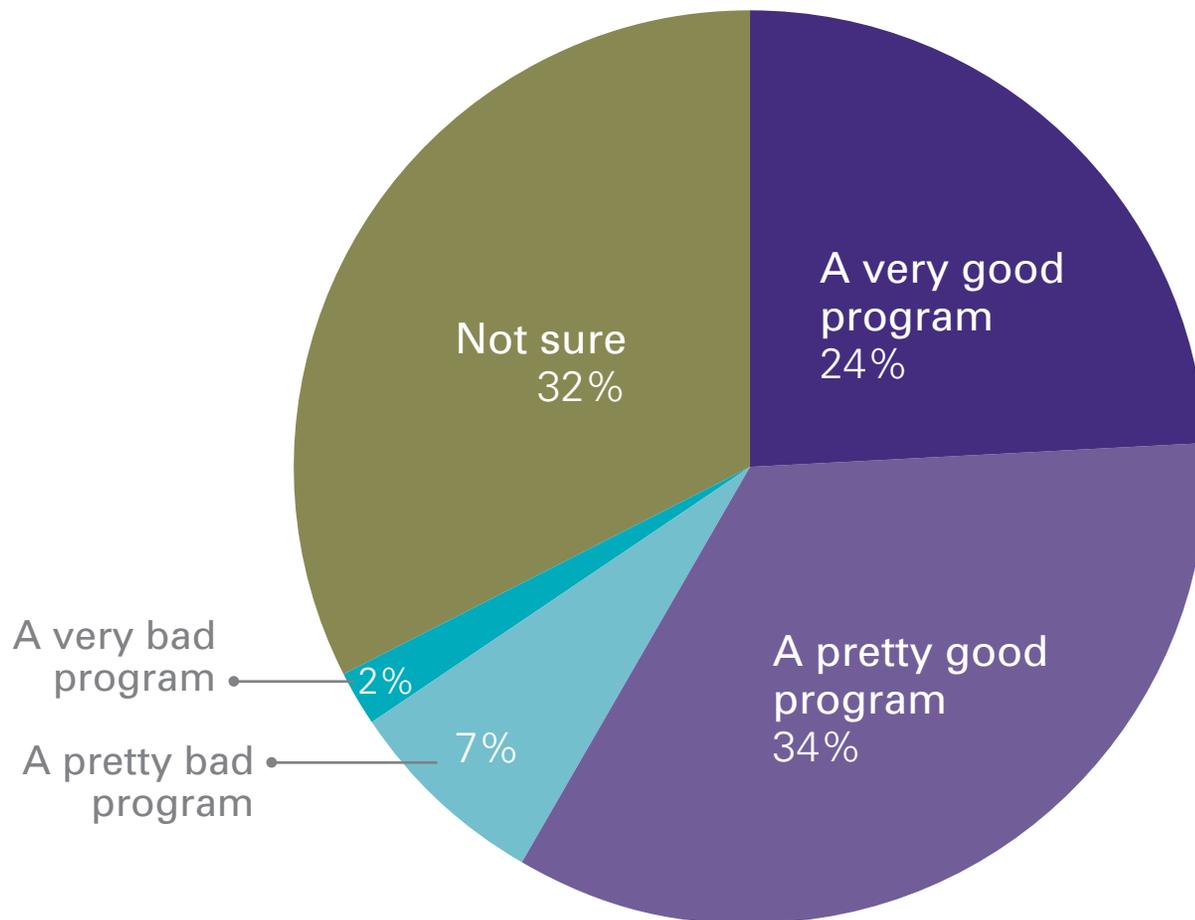
*Did not respond about health status (n=6).

Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Overall Perceptions of Medi-Cal, Newly Eligible

BASE: CALIFORNIANS AT OR BELOW 138% FPL, EXCLUDING THOSE WITH MEDI-CAL (n = 395)

In your opinion, is Medi-Cal...



Notes: The Affordable Care Act sets new income guidelines for Medi-Cal, expanding coverage to include individuals with incomes at or below 138% of the federal poverty level (FPL) beginning in 2014. "Newly eligible" individuals are the focus for this part of the project. For the purposes of this analysis, all respondents with incomes at or below 138% FPL are categorized as newly eligible, although some may be currently eligible for, but not enrolled in, Medi-Cal. Segments don't add to 100% due to rounding.

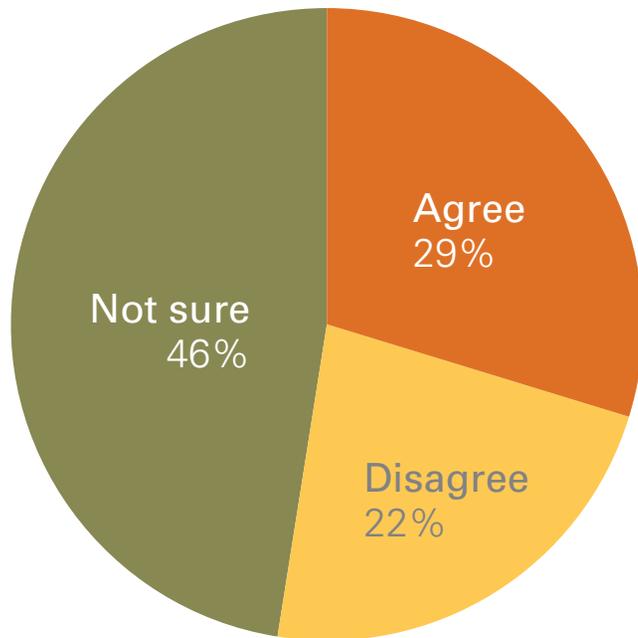
Source: California General Public Survey, conducted by Lake Research Partners, 2011.

Nearly one-third of those who will be newly eligible for Medi-Cal under health reform say they do not know enough about the program to have an opinion about it. Similar to the enrollee population (page 3), most of those who do have an opinion feel positive about Medi-Cal.

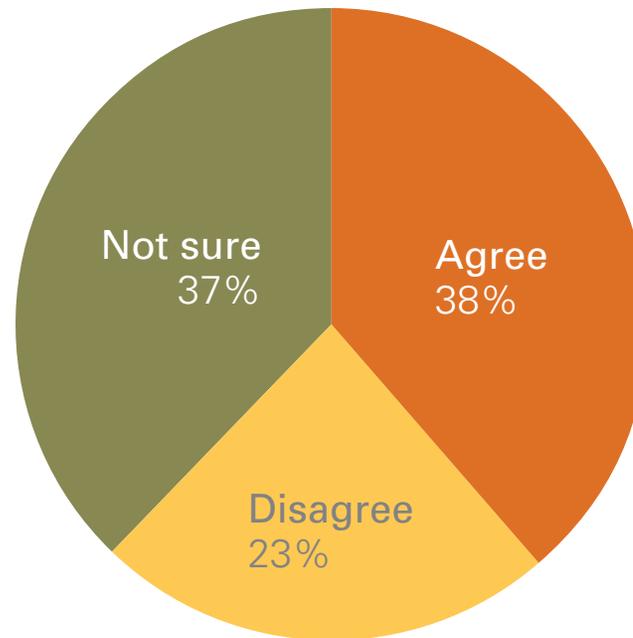
Perceptions of Medi-Cal Access to Quality Care and Coverage, Newly Eligible

BASE: CALIFORNIANS AT OR BELOW 138% FPL, EXCLUDING THOSE WITH MEDI-CAL (n = 395)

Medi-Cal provides access to high quality care



Medi-Cal covers most care people need



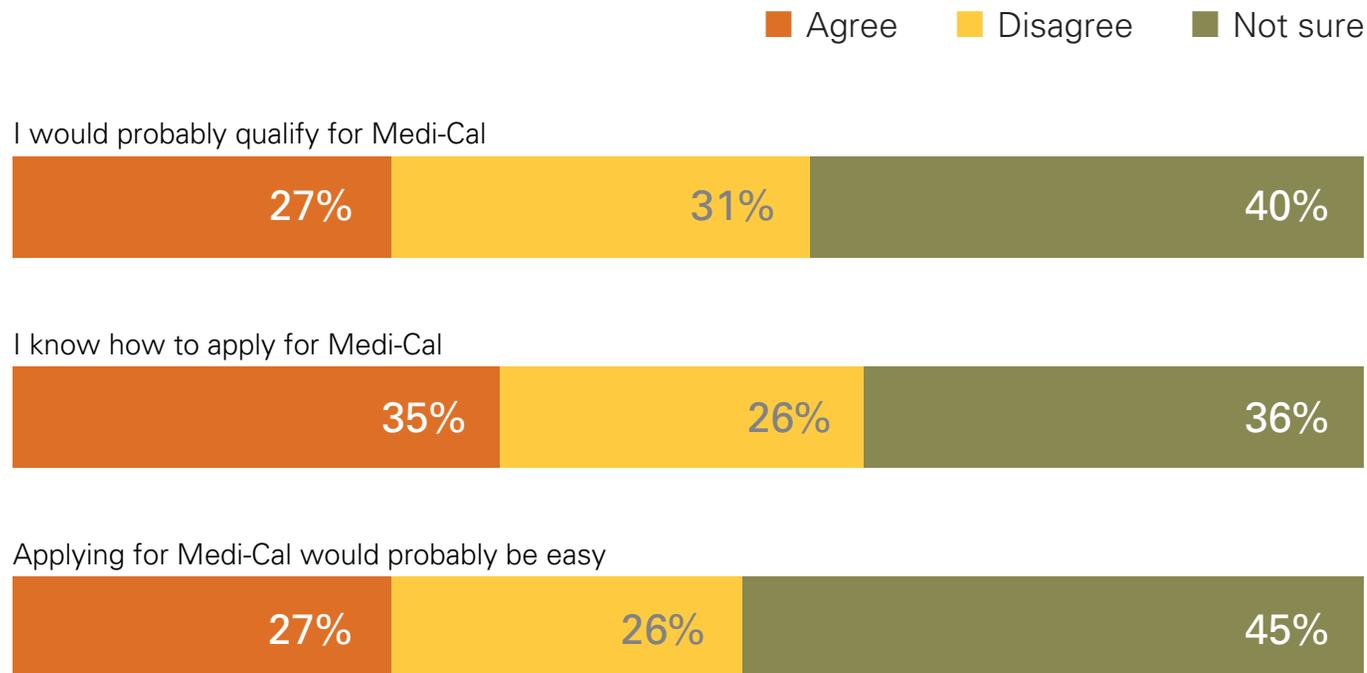
Despite reporting overall favorable views of Medi-Cal, many of those who will be newly eligible for the program are either unsure if Medi-Cal provides access to high quality care (46%) or think that it does not (22%). Many are also unsure if the program covers the care people need (37%).

Notes: The Affordable Care Act sets new income guidelines for Medi-Cal, expanding coverage to include individuals with incomes at or below 138% of the federal poverty level (FPL) beginning in 2014. "Newly eligible" individuals are the focus for this part of the project. For the purposes of this analysis, all respondents with incomes at or below 138% FPL are categorized as newly eligible, although some may be currently eligible for, but not enrolled in, Medi-Cal. Segments don't add to 100% due to rounding.

Source: California General Public Survey, conducted by Lake Research Partners, 2011.

Perceptions about Medi-Cal Enrollment, Newly Eligible

BASE: CALIFORNIANS AT OR BELOW 138% FPL, EXCLUDING THOSE WITH MEDI-CAL (n = 395)



Of those who will be newly eligible for Medi-Cal, many say they do not know if they will qualify for the program (40%) or don't believe that they will qualify (31%). A large proportion don't know or are not sure how to apply for Medi-Cal (62%).

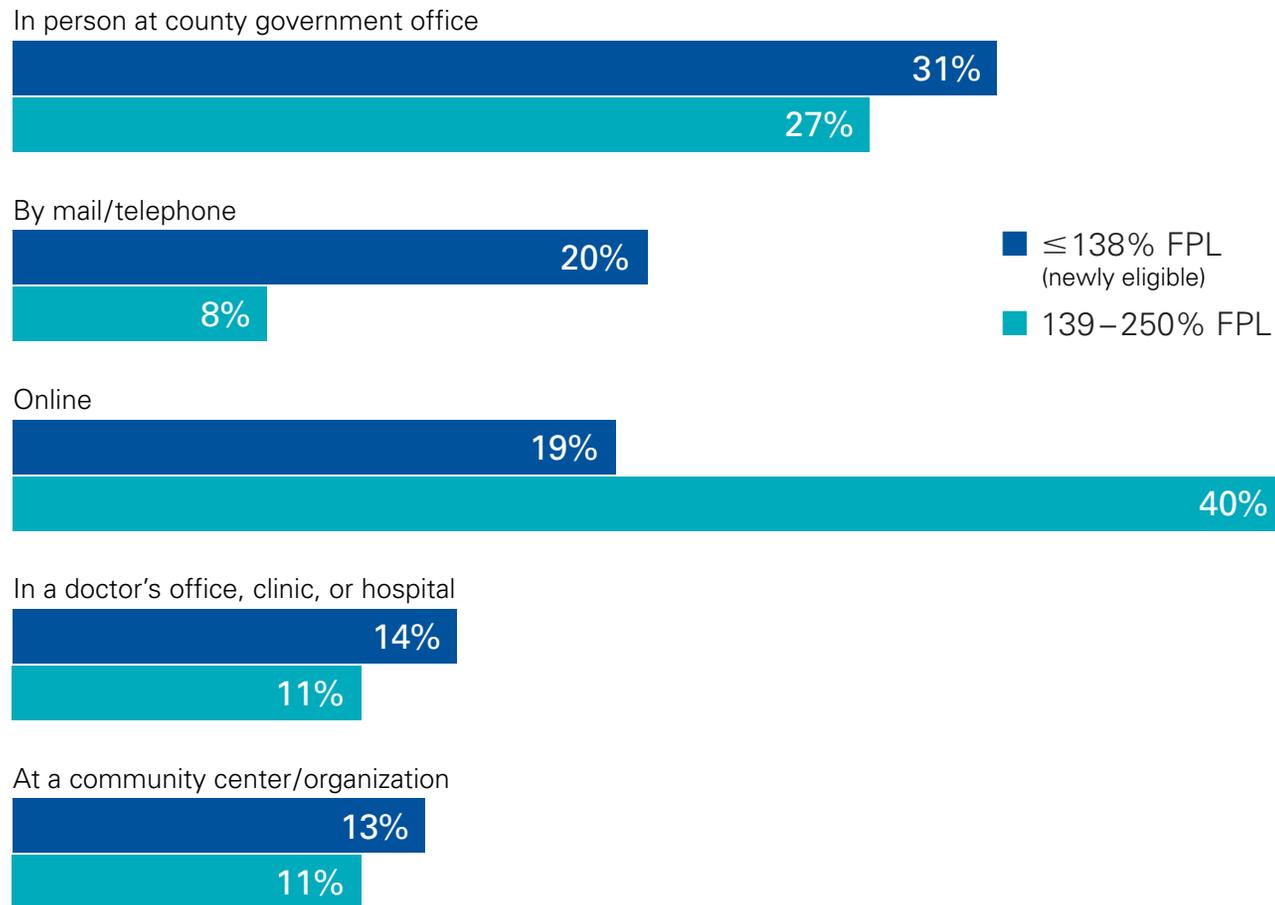
Notes: The Affordable Care Act sets new income guidelines for Medi-Cal, expanding coverage to include individuals with incomes at or below 138% of the federal poverty level (FPL) beginning in 2014. "Newly eligible" individuals are the focus for this part of the project. For the purposes of this analysis, all respondents with incomes at or below 138% FPL are categorized as newly eligible, although some may be currently eligible for, but not enrolled in, Medi-Cal. Segments don't add to 100% due to rounding.

Source: California General Public Survey, conducted by Lake Research Partners, 2011.

Enrollment Method Preferences, by Income Level, Newly Eligible vs. Higher Income

BASE: ADULT CALIFORNIANS UP TO 250% FPL, EXCLUDING THOSE WITH MEDI-CAL ($\leq 138\%$ FPL, $n=395$; 139–250% FPL, $n=178$)

If you were in a situation where you wanted to sign up for Medi-Cal, how would you want to apply?



Notes: The Affordable Care Act sets new income guidelines for Medi-Cal, expanding coverage to include individuals with incomes at or below 138% of the federal poverty level (FPL) beginning in 2014. "Newly eligible" individuals are the focus for this part of the project. For the purposes of this analysis, all respondents with incomes at or below 138% FPL are categorized as newly eligible, although some may be currently eligible for, but not enrolled in, Medi-Cal.

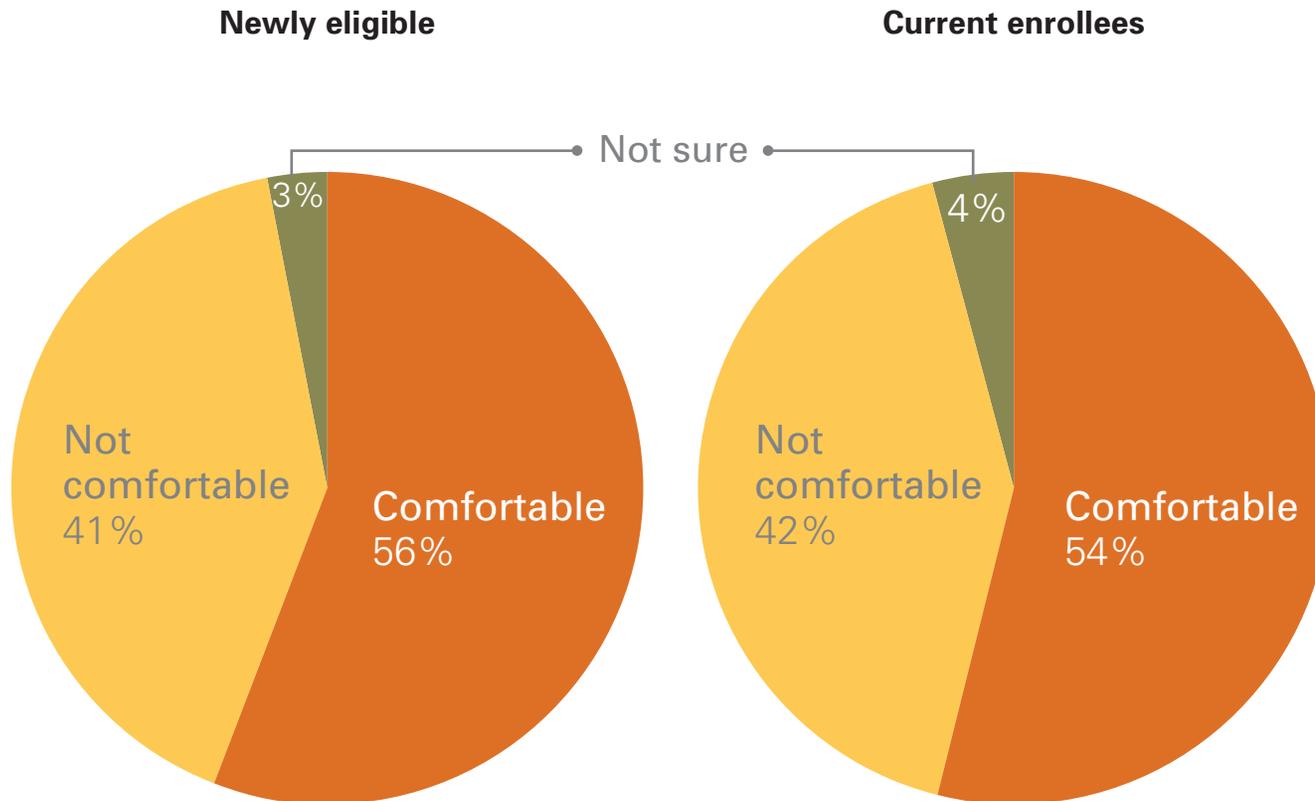
Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

When asked where they would prefer to sign up for Medi-Cal, 19% of those who will be newly eligible for the program ($\leq 138\%$ FPL) say they would prefer to enroll online. This percentage more than doubles (40%) for adults in a higher income bracket (139% to 250% FPL).

Comfort with Online Enrollment, Newly Eligible vs. Current Enrollees

BASE: CALIFORNIANS AT OR BELOW 138% FPL, EXCLUDING THOSE WITH MEDI-CAL (n = 395);
MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

How comfortable would you be applying for an insurance plan online?



While more than half of both current enrollees (54%) and those who will be newly eligible for Medi-Cal (56%) say they are comfortable enrolling for insurance online, significant proportions of both groups are not.

Notes: The Affordable Care Act sets new income guidelines for Medi-Cal, expanding coverage to include individuals with incomes at or below 138% of the federal poverty level (FPL) beginning in 2014. "Newly eligible" individuals are the focus for this part of the project. For the purposes of this analysis, all respondents with incomes at or below 138% FPL are categorized as newly eligible, although some may be currently eligible for, but not enrolled in, Medi-Cal.

Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

Preferences for Enrollment Help, Newly Eligible vs. Current Enrollees

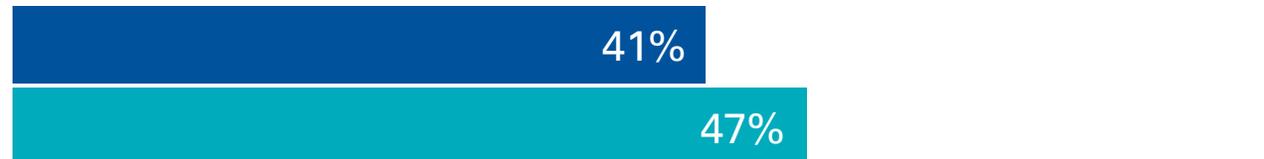
BASE: CALIFORNIANS AT OR BELOW 138% FPL, EXCLUDING THOSE WITH MEDI-CAL (n = 395);
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If you needed help signing up for Medi-Cal (newly eligible) / signing up for health insurance and choosing a plan (enrollees), how would you want to get help?

Look for answers online, like an FAQ page



Talk to someone on the phone



Talk to someone in person



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Sources: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012. California General Public Survey, conducted by Lake Research Partners, 2011.

The majority of both current Medi-Cal enrollees (68%) and those who will be newly eligible for the program (52%) say they would prefer in-person help with enrollment compared to other forms of assistance.

Looking Ahead

The findings from this survey of Medi-Cal enrollees provide important feedback about what works well with the program and what needs improvement. At a time of tremendous budget pressure and reductions in covered care, it is good news that Californians who rely on Medi-Cal have a generally positive view of the program. These findings demonstrate that Medi-Cal enrollees, like the general population, value their health care coverage. Yet the findings also illuminate the challenges many beneficiaries experience.

The following table highlights a few of these challenges and their implications for Medi-Cal’s future.

FINDING	IMPLICATION
Differences in self-reported access to care between adult Medi-Cal enrollees and the general insured population suggest that Medi-Cal may not be meeting federal requirements for equal access to services.	If California implements cuts to provider payment rates for Medi-Cal, it is likely that expanding coverage to 2 to 3 million new enrollees under health reform will be challenging and will widen the access gap. Access to specialists is particularly vulnerable, since the health reform law funds a temporary increase in Medi-Cal rates (to Medicare levels) for primary care only, not specialty care.
Most current enrollees are satisfied with the enrollment process and prefer in-person methods of enrollment, but many current enrollees and many of the newly eligible would prefer to enroll online.	To fulfill the promise of health reform, the state and its county partners should provide multiple pathways for people to enroll in Medi-Cal that are welcoming and easy to use, including in person, online, and by mail. With the expected influx of new enrollees, a broad outreach effort is needed to change perceptions about the enrollment process and address the lack of awareness about online enrollment options.
Experiences and opinions of Medi-Cal vary, with enrollees in fair or poor health and people with disabilities experiencing greater difficulty getting the care they need compared with other enrollees.	As Medi-Cal expands enrollment in organized systems of care, its impact must be monitored carefully to ensure that the experiences of these groups improves.

At a time of tremendous budget pressure and reductions in covered care, it is good news that Californians who rely on Medi-Cal have a positive view of the program. But the program and its enrollees also face many challenges.

Methodology

Medi-Cal Enrollees Survey. The California HealthCare Foundation and Lake Research Partners partnered with the California Department of Health Care Services (DHCS) for this study. DHCS provided a probability sample of enrollees in Medi-Cal during the month of April 2011 who met the following criteria: under age 65, identified as receiving full-scope Medi-Cal coverage, enrolled and eligible for services, and were not also enrolled in Medicare (dual eligibles). The sample also included enrollees who had met their share of cost in April. The sample excluded cases for which a telephone number was not provided (about 6% of the entire universe). The survey was conducted by telephone between December 27, 2011 and January 27, 2012. A small number of additional interviews were conducted among African American and Asian/Pacific Islander enrollees between February 25 and March 7, 2012 to boost the overall numbers in each group. All data were de-identified using DHCS protocol.

California General Population Survey. This survey was conducted between May 6 and May 23, 2011 among a representative sample of 1,528 adults 18 years and older in California, using Knowledge Networks. The survey included 505 adults in households below 138% of the federal poverty level (FPL), 511 adults 138% to 400% FPL, and 512 adults 400%+ FPL. The margin of sampling error for the total results is ± 2.5 percentage points.

Sample Size Limitations

The ability to draw conclusions about various subgroups with confidence is limited by sample size. The total survey results include a robust sample size $n=1,083$ Medi-Cal enrollees, with a margin of sampling error of ± 3 percentage points. The margin of error increases as the sample size gets smaller, however, such as when looking at adult enrollees ($n=331$, with margin of error of ± 5.4 percentage points).

In this snapshot, comparisons are made between adults with Medi-Cal ($n=331$) and adults with other types of insurance coverage ($n=1,020$). Because these populations differ demographically, further comparisons within each population would be helpful. For example, do adult Medi-Cal enrollees in fair or poor health fare worse than adults in fair or poor health with other coverage? Do White, non-Hispanic enrollees find it just as difficult as their counterparts with other insurance to find a specialist? Although the snapshot provides data on these comparisons, caution should be used in making conclusions because of small sample sizes. Unfortunately, the relatively small sample size of adult Medi-Cal enrollees ($n=331$) limits the degree to which this group can further segmented.

When looking at the crosstabulations, the reader should pay close attention to the subsample sizes for each banner variable. Sample sizes are provided at the top of most charts.

The following table provides the **margin of sampling error** for different sample sizes.

n =	PERCENTAGES NEAR								
	10%	20%	30%	40%	50%	60%	70%	80%	90%
1,000	1.9	2.5	2.8	3.0	3.1	3.0	2.8	2.5	1.9
800	2.1	2.8	3.2	3.4	3.5	3.4	3.2	2.8	2.1
600	2.4	3.2	3.7	3.9	4.0	3.9	3.7	3.2	2.4
500	2.6	3.5	4.0	4.3	4.4	4.3	4.0	3.5	2.6
400	2.9	3.9	4.5	4.8	4.9	4.8	4.5	3.9	2.9
300	3.4	4.5	5.2	5.5	5.7	5.5	5.2	4.5	3.4
200	4.2	5.5	6.4	6.8	6.9	6.8	6.4	5.5	4.2
100	5.9	7.8	9.0	9.6	9.8	9.6	9.0	7.8	5.9

AUTHOR

Lake Research Partners conducts public opinion and policy research for foundations, nonprofit organizations, academic institutions, and federal and state government agencies.

www.lakeresearch.com

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CALIFORNIA
HEALTHCARE
FOUNDATION

California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612
510.238.1040
www.chcf.org